



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Mr. Ronald G. Duez, Administrator
Partners in Senior Care, Inc.
Ridgewood at Shenango Valley
One Elston Way
Hermitage, Pennsylvania 16146

Dear Mr. Duez:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of July 2, 2013 to July 2, 2014 was issued on March 20, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 40302 - 04/30/2013 - Phillips, Joseph
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

MAY 14 2013

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

WEST REGION FIELD OFFICE
 Human Services ER 15117

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the resident transport vehicle does not include eye coverings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We purchased goggles for both first aid kits in the transportation vehicles.
 picture of goggles bottom page of exhibit #1
 completed 5/9/2013,

withdawn
 6

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Ronald G. Duez

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

RONALD G. DUEZ ADMINISTRATOR

5-13-2013

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40302 - 04/30/2013 - Phillips, Joseph
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

MAY 14 2013

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be maintained free of hazards.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is a man-made waterfall with a eight foot by 15 foot pond that two feet deep. There are no protective barriers in place to protect the residents. Residents have not been assessed for safety around bodies of water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All residents will be assessed immediately for safety concerns around the waterfall area. The resident(s) will be also assessed yearly on the residents assessment/support plans.

Within the next 2 weeks the front 4.5ft and up the hill approx 12ft will be bordered with a split rail fence. To be completed by May 22, 2013 - Pictures will be forth coming.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Harold G. Dusz ADMINISTRATOR* Date *5-13-2013*

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The above plan of correction is approved as of <u>5-14-13</u> (Date)	Plan of correction implementation status as of <u>5-14-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>5-14-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40302 - 04/30/2013 - Phillips, Joseph
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

MAY 14 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an unlabeled and undated Tupperware container with unidentified food in the activity room kitchen refrigerator.

There was a undated bun wrapped in aluminum foil in the activity room kitchen refrigerator.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We have placed a sign on the activity room refrigerator. (exhibit #2) Also a memo/notice to staff saying All food in refrigerator must be labeled and dated. POCs started 5/9/2013 - Housekeeper will check at least weekly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ronald G. Quez Administration Date 5-13-2013

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The above plan of correction is approved as of 5-14-13 (Date)

Plan of correction implementation status as of 5-14-13 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented 5-14-13
- Partially Implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not Implemented

Violation Report: 40302 - 04/30/2013 - Phillips, Joseph
PCH Name: RIDGEWOOD AT SHENANGO VALLEY

MAY 14 2013

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the activity room refrigerator.

There was no thermometer in the main kitchen bread freezer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We have purchased a thermometer for the Activity room (may 6 2013) and has been placed in the activity refrigerator. I do a weekly will check weekly. picture top of page exhibit #1.

In regards in kitchen bread freezer same as above apply except Clef will check all refrigerators/freezer in kitchen weekly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

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Plan of correction implementation status as of 5-14-13 (Date)

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Violation Report: 40302 - 04/30/2013 - Phillips, Joseph
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

RECEIVED

MAY 14 2013

**WEST REGION FIELD OFFICE
 Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

Resident #1's April 2013 medication administration record does not include a diagnosis or purpose for Commudin or artificial tears.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Diagnosis was added to MAR for medication Commudin
 Certificate for
 This will be faxed to pharmacy to make sure it is
 on the MARs. Will double check all MARs each month
 to make sure all diagnosis & purpose are printed
 on MAR.*

*6-15-13 - All staff persons qualified to administer medications will be educated
 on the requirements of regulation 2600.187a. Documentation of
 education will be kept. 5-14-13 y*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Fabian*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Fabian RN Administrator* Date *5-9-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-14-13
 (Date)

Plan of correction implementation status as of 5-14-13
 (Date)

The above plan of correction was approved by *JF*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-14-13*
- Partially Implemented - Inadequate Progress
- Not Implemented